

I.CIR./DIST./DIV. Case 2:04-cr-020481-SHM Document 14 Filed 04/25/05 Page 1 of 2 PageID 15

1. CIR./DIST./DIV. TNW	2. DEFENDANT'S NAME Buford, Marcus			VOUCHER NUMBER																																																																																																																														
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:04-020481-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																																																														
7. IN CASE/MATTER OF (Case Name) U.S. v. Buford		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																														
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922G.F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE																																																																																																																																		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Durham, Handel 100 N Main Suite 32 Memphis TN 38103		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 13 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>[Signature]</i> Signature of Presiding Judicial Officer or By Order of the Court 04/20/2005 Nunc Pro Tunc Date Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																
14. NAME AND MAILING ADDRESS OF LAW FIRM(only provide per instructions)																																																																																																																																		
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																														
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																		
APPROVED BY (PRESIDING JUDGE OR DELEGATE) 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE																																																																																																																																		

This document entered on the docket sheet in compliance
with Rule 55 and/or 32(b) FRCrP on 4-29-05

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Notice of Distribution

This notice confirms a copy of the document docketed as number 14 in case 2:04-CR-20481 was distributed by fax, mail, or direct printing on April 29, 2005 to the parties listed.

Handel R. Durham
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Honorable Samuel Mays
US DISTRICT COURT